

Case Number:	CM15-0143170		
Date Assigned:	08/04/2015	Date of Injury:	12/31/1999
Decision Date:	09/08/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56 year old male who sustained an industrial injury on 12-31-99. Initial complaints and diagnoses are not available. Treatments to date include medications, 2 cervical fusions, and a lumbar epidural steroid injection. Diagnostic studies include multiple MRIs of the lumbar spine. Current complaints include low back and right hand pain. Current diagnoses include cervical and lumbar facet arthropathy, cervical and lumbar radiculopathy, chronic pain and status post cervical fusion. In a progress note dated 06-22-15 the treating provider reports the plan of care as medications including Naproxen, Percocet, tramadol, and Zanaflex, as well as a lumbar epidural steroid injection. The requested treatment includes tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol ER 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

Decision rationale: The claimant has a remote history of a work-related injury in December 2099 and is being treated for right hand pain and radiating low back pain. Medications are referenced as decreasing pain from 8/10 to 6/10 with improved function including ability to exercise, perform household activities and shopping, and allowing for continued work. When seen, there was lumbar tenderness with spasms. There was positive straight leg raising with decreased right lower extremity strength and sensation. Percocet and Tramadol ER were prescribed at a total MED (morphine equivalent dose) of 65 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing a clinically significantly decreased level of pain and allowing for activities including exercise and continued work. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.